

FIG. 1

ABC 123

Main Crew Vitals

Exam Vitals

Patient = Smith, John F.

Call Patient Billing

Treatment Disposition Review

Run #: 497866743

PMH Notes

Pl. Meds Protocols

Problems Help

2/12/00 - 8:20:42 PM

**Problem list**

- Abdominal Flank Pain
- Abuse / Neglect
- Airway Obstruction
- Allergic Reaction
- Altered Mental/Neurological
- Amputation
- Assault
- Back Pain
- Behavioral Problem

**Primary** →

Abdominal Flank Pain

Primary

+ 241

X 242

- 243

**Problem began/occurred**

20 ☒ Minutes ☐ Hours ☐ Days ☐ Weeks ☐ Months ☐ Years ☐ Unknown **ago**

**Intent**

☐ Accidental ☐ Self harm ☐ Recreational ☐ Harm by other(s) ☐ Unknown ☒ N/A

**History reported by**

☐ Bystander ☒ Patient

☐ Family ☐ Police

☐ Healthcare provider ☐ Other

**Injury related**

☒ No ☐ Yes

**Activity at onset**

Eating

FIG. 2

ABC 123		Patient = Smith, John F.		Run #: 4-97866743		2/12/00 - 6:56:37 PM	
Main	Crew	Call	Patient	Billing	PMH	Pt. Meds	Problems
Exam	Vitals	Treatment	Disposition	Review	Notes	Protocols	Help

Body

R

ENTIRE

BOTH

205

206

211

210

History of Present Problem

Pain

☐ Primary pain  
☐ Radiated pain

General

☐ Bleeding  
☐ Congested/ plugged  
☐ Discharge/ drainage

Foreign body/ substance

☐ Foreign body/ substance

Wound

☐ Abrasion/ scratch  
☐ Amputation  
☐ Bite/ sting  
☐ Burn  
☐ Crush  
☐ Cut/ laceration  
☐ Frostbite  
☐ Puncture

Musculoskeletal

☐ Deformity  
☐ Dislocated  
☐ Fractured/ broken

Skin

☐ Blisters  
☐ Bruising  
☐ Cool/ cold  
☐ Discoloration  
☐ Dryness  
☐ Hives  
☐ Itching  
☐ Rash  
☐ Redness  
☐ Sore/ lesion  
☐ Warmth

Complaint location(s)

Body

+

X

-

241

242

243

FIG. 3

[illegible]

A B C		1 2 3		Patient = Smith, John F.		Run #: 4-87866743		2/12/00 - 7:04:06 PM	
Main		Crew		Call		Patient		Billing	
Exam		Vitals		Treatment		Disposition		Review	
								Notes	
								Pt. Meds	
								Problems	
								Help	

### History of Present Problem (Seizures)

Number of seizures

☒ 1 Seizure

Duration

☒ < 30 minutes    ☐ ≥ 30 minutes

☐ > 1 Seizure

Awake between seizures

☐ No    ☐ Yes

☐ Unknown

Type of seizure

☐ Motionless stare

☐ Repetitive phrases / actions (lip smacking, picking)

☐ Sudden loss of muscle tone (drop attack)

☐ Localized twitching / jerking / shaking

☒ Generalized twitching / jerking / shaking

☐ Unknown

Aura

☐ Smell    ☐ Taste    ☐ Visual    ☐ Auditory    ☐ Tactile sensation    ☐ Other






FIG. 5

200b

ABC 123		Patient = Smith, John F.		Run #: 4-97866743		2/12/00 - 7:04:06 PM	
Main	Crew	Call	Patient	Billing	PMH	Pt. Meds	Problems
Exam	Vitals	Treatment	Disposition	Review	Notes	Protocols	Help

**History of Present Problem (Motorized Vehicle Crash)**

Patient was

☐ Front seat passenger

In/on

☐ Sport utility vehicle

Restraints used

☐ None

☒ Yes

☐ Lap & shoulder belt

☐ Unknown

Restraint use reported by

☐ Bystander

☐ EMS

☒ Patient

☐ Police

☐ Other

Air bag(s) deployed?

☐ Driver's side impact

☐ None

☒ Passenger's dashboard

☒ Passenger's side impact

☒ Steering wheel

☐ Unknown

Ejected / thrown from vehicle

☐ Completely

☐ Partially

☒ No

☐ Unknown

Injury predictors

☒ Compartment intrusion > 12 in.

☐ Dashboard damaged

☐ Death of same car occupant

☐ Rear window damaged

☒ Steering wheel deformed

☒ Side window glass damaged

☐ Windshield damaged

Extrication

☐ None / minimal

☐ 30 minutes or less

☒ > 30 minutes

Helmet worn

☐ No

☐ Yes

☐ Unknown

Rollover

☒ No

☐ Yes

☐ Unknown

Patient's vehicle found

☐ Inverted

☐ On left side

☐ On right side

☒ Upright

FIG. 6

ABC 123		Patient = Smith, John F.		Run #: 4-9766743		2/12/00 - 7:04:06 PM	
Main	Crew	Call	Patient	Billing	PMH	Pt. Meds	Problems
Exam	Vitals	Treatment	Disposition	Review	Notes	Protocols	Help

History of Present Problem (Motorized Vehicle Crash (continued))

Patient's Vehicle		Major Impact		Other Impact	
Major impact to pt's vehicle		Major impact with		Other impact with	
Passenger's side middle		Passenger car		Snow bank	
Patient's vehicle was <input checked="" type="radio"/> Stopped <input type="radio"/> Traveling backward <input type="radio"/> Traveling forward <input type="radio"/> Unknown		Opposing object / vehicle was <input type="radio"/> Stopped / stationary <input type="radio"/> Traveling backward <input checked="" type="radio"/> Traveling forward <input type="radio"/> Unknown			
Speed of patient's vehicle <input checked="" type="radio"/> Low (< 20 MPH) <input type="radio"/> Moderate (20-50 MPH) <input type="radio"/> High (> 50 MPH) <input type="radio"/> Unknown		Speed of patient's vehicle <input type="radio"/> Low (< 20 MPH) <input checked="" type="radio"/> Moderate (20-50 MPH) <input type="radio"/> High (> 50 MPH) <input type="radio"/> Unknown			
Patient's vehicle damage <input type="radio"/> Minor <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown		Damage to opposing vehicle Front end			

FIG. 7

2/11/00 - 11:15:41 AM	
ABC 123	<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Main</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Exam</div> </div> <div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Crew</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Vitals</div> </div> <div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Call</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Treatment</div> </div> <div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Patient</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Disposition</div> </div> <div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Billing</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Review</div> </div> <div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">PMH</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Notes</div> </div> <div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Meds</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Protocols</div> </div> <div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Complaint</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Help</div> </div> </div>

300

Call Date Agency Vehicle ID Call Location Location Type Location Code Dispatch Info Call Type Response to scene Barrier to pt. contact Patient Transfer	<div style="text-align: right;">Run # 4-97866743</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Acme Ambulance Service</div> <div style="display: flex; border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <div style="width: 50px; border: 1px solid black; padding: 2px;">567</div> <div style="width: 100px; border: 1px solid black; padding: 2px;">Vehicle type</div> <div style="width: 100px; border: 1px solid black; padding: 2px;">Ambulance</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1357 Lake Shore Blvd.</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Home / residence</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Helicopter</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Airplane</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Boat</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Boston - (1421)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Unresponsive male - diabetic related</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Scene call - emergency</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Lights and sirens</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">None</div>	<div style="text-align: right;">310</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Call Times</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Call Rec'd</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Enroute</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">At Scene</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Pt. Contact</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">From Scene</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">At Destin</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">From Destin</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">In Service</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">In Quarters</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">10:20</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">10:21</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">10:25</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">10:26</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">10:53</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">11:03</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div>
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<div style="text-align: right;">330</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Mileage</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Begin</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">End</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Total</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1034.5</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1040.2</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">5.7</div>
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FIG. 8

312      316      314

**Call Times**

Call Rec'd	10:20	▲ ▼	⌚
Enroute	10:21	▲ ▼	⌚
At Scene	10:25	▲ ▼	⌚
Pt. Contact	10:26	▲ ▼	⌚
From Scene	10:53	▲ ▼	⌚
At Destin	11:03	▲ ▼	⌚
From Destin		▲ ▼	⌚
In Service		▲ ▼	⌚
In Quarters		▲ ▼	⌚

310

312a

314a

316a

FIG. 8a

ABC	123	Patient = Smith, John F.	Run # 4-9785743	2/11/00 - 11:09:01 AM
Airway		Oxygenation	CPR / Defibrillation	IV / Fluids
Medications		Immobilization	Injury Care	Exit Treatment

### Airway Management

<input checked="" type="checkbox"/> Airway opened <input checked="" type="checkbox"/> Head tilt <input type="checkbox"/> Jaw thrust <input type="checkbox"/> Chin lift		11:04
<input type="checkbox"/> Airway cleared <input type="checkbox"/> Abdominal thrusts <input type="checkbox"/> Chest thrusts <input type="checkbox"/> Back blows <input checked="" type="checkbox"/> Suction <input type="checkbox"/> Magill forceps		11:06
<input type="checkbox"/> Needle chest decompression <input type="checkbox"/> Right thorax <input type="checkbox"/> No air rush <input type="checkbox"/> Left thorax <input type="checkbox"/> No air rush <input type="checkbox"/> Air rush		11:06
<input type="checkbox"/> Gastric decompression <input type="checkbox"/> NG tube placed		11:04

### Airway adjuncts

<input checked="" type="checkbox"/> Oral airway Size 105 mm	<input type="checkbox"/> Nasal airway Size	<input type="checkbox"/> EOA / EGTA	<input type="checkbox"/> Needle jet ventilation Size	<input checked="" type="checkbox"/> Intubation Size 8.5 mm	# attempts 1 2 3 4 Successful Yes
By EMT Mike Sullivan <b>Tube placement confirmed with</b> <input checked="" type="checkbox"/> EDD <input checked="" type="checkbox"/> Auscultation <input type="checkbox"/> ET/CO2					

FIG. 9

ABC

123

Patient = Smith, John F.

Run #: 4-9786743

2/11/00 - 10:47:30 AM

Main

Crew

Call

Patient

Billing

PMH

Meds

Complaint

Exam

Vitals

Treatment

Disposition

Review

Notes

Protocols

Help

Time

Pulse

Respirations

BP

GCS

Cups

10:47

88 Reg.

18 Easy

122/78

15

Stable

10:35

80 Reg.

16 Easy

118/76

12

Potentially Unstable

Time

Pulse

Respirations

BP

10:47

Rate 88

Quality Normal

122/78

Reg

Reg

Reg

Ireg

BP

122/78

Rate 18

Quality Easy

EKG

Rhythm

Normal sinus rhythm

Ecctopy

Pupils

Size

Appearance

Reactivity

Left

Normal

Round

Normal

Right

Normal

Round

Normal

Glucose

88

SaO2

98

CUPS

Stable

Pot. unstable

Unstable

Critical

ETCO2

Skin

Color

Temperature

Cap. Refill

Condition

Normal

Warm

<= 2 Seconds

Normal

GCS

Verbal

Motor

Eye Opening

GCS Score

Oriented

Obeys Commands

Spontaneous

15

516

515

510

522

534

532

FIG. 10

<b>A B C</b> <b>1 2 3</b>		<b>Patient = Smith, John F.</b> <b>Run #: 4-97866743</b> <b>3/11/00 - 8:19:18 AM</b>			
Main	Crew	Call	Patient	Billing	PMH
Exam	Vitals	Treatment	Disposition	Review	Notes
				Protocols	Help

<b>Primary Insurance</b>		<b>Secondary Insurance</b>		<b>No Fault</b>	
Company	Allstate - (11)	Company	[ ]	<input type="radio"/> No <input checked="" type="radio"/> Yes	
Policy #	67435-A12	Policy #	[ ]		
Group #	243	Group #	[ ]		
Insured's Name	John Smith	Insured's Name	[ ]		
Relationship to Insured	Self	Relationship to Insured	[ ]		
				<b>Worker's Comp</b>	
				<input type="radio"/> No <input type="radio"/> Yes	

<b>Medicare &amp; Medicaid</b>	
Medicare # [ ] Reason For Tx [ ]	Medicaid # [ ] Pt's Signature [ ]
<b>Employer Information</b>	
Employer [ ]	Address [ ]
State NY [ ]	Zip Code [ ]

Renal Failure-Uremia-Acute - (564.9) Respiratory Distress-Acute - (799.1) Respiratory Infection - (519.8) Retinal Detachment - (361.9) Seizure Disorder - (780.3) Sepsis (Blood Poisoning) - (038.9)	<b>Shock - (785.60)</b> Shock Septic - (785.69)
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FIG. 11

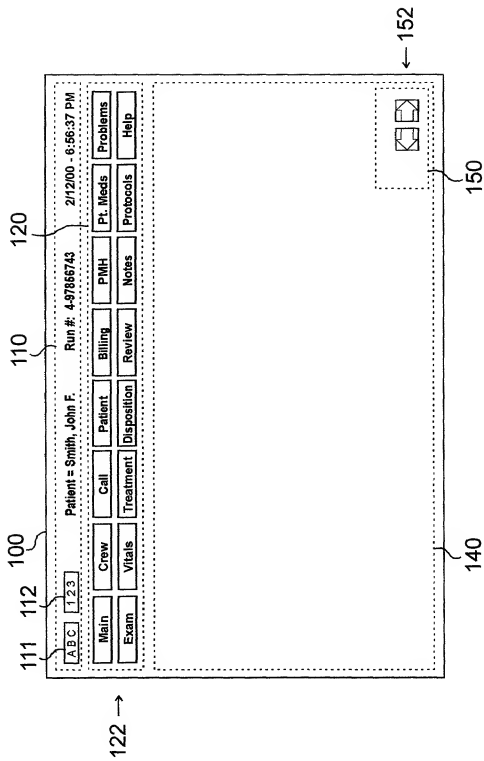


FIG. 12